AMENDMENTS TO THE SPECIFICATION

Please amend paragraph [0022] as shown below:

[0022] The system may include a power supply coupled to the processor, such as a Radiofrequency (RF) power supply. An applicator may be coupled to the power supply for delivering the RF energy to the support structure tissue. Some applicators and system that may be used to deliver the RF energy are described in co-pending U.S. patent application Ser. No. 09/229,508, filed Jan. 12, 1999 (issued September 14, 2001 as U.S. Patent No. 6,283,297), U.S. patent application Ser. No. 60/440,711, filed Jan. 16, 2003, U.S. patent application Ser. No. 10/102,596, filed Mar. 19, 2002 (issued April 19, 2005 as U.S. Patent 6,882,885), and U.S. patent application Ser. No. 10/759732, filed Jan. 15, 2004 (published September 30, 2004 as U.S. Publication No. 2004/0193238 A1~~entitled "Non-Surgical Incontinence Treatment System and Method"~~) the full disclosures of which is incorporated herein by reference.

Please amend paragraph [0022] as shown below:

[0068] An electrical coupling 50 is coupleable to RF power source 38 of control unit 20. In embodiments which include a cooling assembly, a fluid coupling 52a, 52b provides attachment between the applicator and cooling assembly 44 of control unit 20. Cooling fluid may be recycled through applicator 22 to cool the electrode 12. As such, more than one fluid coupling may be provided (not shown). A more complete description of the cooling assembly of the present invention may be found in co-pending U.S. patent application Ser. No. 10/768,778_____, filed January 30, 2004~~herewith~~ and entitled "Methods and Devices for Controlling a Temperature of an Applicator Body," the complete disclosure of which is incorporated herein by reference.

Please amend paragraph [0100] as shown below:

[0100] FIG. 7 illustrates an alternative embodiment of a heating treatment period 150 that incorporates a dwell time. In the embodiment illustrated in FIG. 7, any conventional or proprietary method may be used to heat the tissue to a first target temperature 161 (e.g., constant energy level, two-stage energy level, or adjustable power level (described above)). One potential

power scheme to heat the tissue to the target temperature is describe in commonly owned, copending U.S. patent application Ser. No. 10/102,596, filed Mar. 19, 2002 (issued April 19, 2005 as U.S. Patent 6,882,885), the complete disclosure of which is incorporated herein by reference.

Please amend paragraph [0119] as shown below:

[0119] In one test, the power was held constant at 20 W for 24 seconds, and the power was increased to a constant 35 W until the tissue temperature reached the target temperature (e.g., 70° C.), the average time to reach the target temperature was 110 seconds with a standard deviation of 29 seconds. The large standard deviation in time is influenced by differences in power delivery as a result of applicator placement in the body, the level of perfusion (e.g., blood flow), patient to patient anatomical variations and the variants in effectiveness of a vasoconstrictor. The vasoconstrictor maybe used to try to limit perfusion effects, and thus ensure that the target treatment could be reached in the desired time. Some methods of using a vasoconstrictor for the treatment of incontinence is described in co-pending and commonly owned U.S. patent application Ser. No. 10/029,000, filed Dec. 20, 2001 (issued January 11, 2005 as U.S. Patent 6,840,954), the complete disclosure of which is incorporated herein by reference.